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Support for Overweight and Obese Breastfeeding Women: A Systematic Review

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The global epidemic of overweight and obesity constitutes a major public health problem, including among women of reproductive age and their infants. The World Health Organisation (WHO) target that at least 50% of all women breastfeed their infants exclusively during the first 6 months of life by 2025 (WHO, 2013) is likely to be threatened by the increased prevalence of obesity among women who give birth. Women who are overweight (Body Mass Index (BMI) ≥ 25) or obese (BMI ≥ 30) have poorer breastfeeding outcomes than their normal BMI counterparts, including lower levels of breastfeeding intention, initiation and early cessation (Babendure et al, 2015). Evidence of how to counter this situation is lacking.

This systematic review aimed to identify (1) the perceptions and experiences of breastfeeding among women who were overweight and obese, (2) the type, content and effectiveness of support/interventions offered to breastfeeding women with higher BMI by healthcare professionals, peer supporters and family members, and (3) the perceptions and training needs of those who supported overweight and obese women to commence and continue to breastfeed.

A systematic search of Medline, Maternity and Infant Care, CINAHL, SCOPUS, PsycInfo, Web of Science and Cochrane Library, grey literature and organisation websites was conducted. References from identified papers were hand searched. Studies published in English from January 1992 (following the launch of UNICEF's Baby Friendly Initiative) to June 2016 from low, middle and high income countries were considered for inclusion.

Three main search terms including obesity/overweight, breastfeeding and support, with subject MeSH terms were searched. The quality of included papers was assessed using a checklist designed for quantitative observational studies based on the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement (Barley et al, 2011) and appropriate Critical Appraisal Skills Programme checklists depending on methodology. Data were analysed using thematic analysis and narrative synthesis. Meta-analysis was not possible due to study heterogeneity.

Eleven studies were included. The problems faced by overweight/obese women fell into three categories: (1) physical difficulties presented by maternal physical weight when attempting to breastfeed including latching the baby onto the breast and finding a comfortable position. Delayed onset of lactogenesis, hormonal imbalance and mammary hypoplasia made breastfeeding more difficult; (2) psychosocial difficulties including body image and the negative impact on women's self-esteem and confidence; and (3) additional difficulties faced by those providing support to these women especially because of the stigma attached to obesity.

Healthcare professionals appeared to lack awareness or sympathy for women's situations and failed to offer appropriate support. Some healthcare professionals appeared to resent having to provide additional support and time to help women, or seek extra resources, regarding them as unnecessary and unwarranted. There was a gap in the research on experiences and perspectives of partners and other relatives with only two small studies identified. Both highlighted that partners and relatives played an important role in helping women to breastfeed successfully and in their decisions to stop exclusive breastfeeding. No new studies on effectiveness of interventions were identified since the review by Babendure et al (2015).

Influences on breastfeeding outcomes among overweight and obese women are multifactorial, with physical and psychosocial factors identified as barriers to successful breastfeeding. Research to address these as well as counter the negative body image these women also reported as a barrier to breastfeeding is urgently needed. Better clinical training and support is also key if national and international breastfeeding goals are to be achieved and negative impacts of obesity on women and their infants reduced.

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